## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| Effective December 8, 2004  |  |   |                 |                               |                       |                                  |            |                     | 10/573782              |    |                            |                        |  |
|---|--|---|-----------------|-------------------------------|-----------------------|----------------------------------|------------|---------------------|------------------------|----|----------------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                |  |   |                 |                               |                       |                                  |            | SMALL ENTITY TYPE   |                        |    | OTHER THAN OR SMALL ENTITY |                        |  |
| U.S.  | NATIONAL S                                     | STAGE FEES  |                 |                               |                       |                                  |            | RATE                | FEE                    |    | RATE                       | FEE                    |  |
| BASIC FEE   |  |   |                 |                               |                       |                                  | 1          | BASIC FEE           |                        | OR | BASIC FEE                  | 380                    |  |
| EXAMINATION FEE   |  |   |                 |                               |                       |                                  | ] [        | EXAM. FEE           |                        |    | EXAM. FEE                  | 200                    |  |
| SEARCH FEE  |  |   |                 |                               |                       |                                  | ] [        | SEARCH FEE          |                        |    | SEARCH FEE                 | 400                    |  |
| FEE FOR EXTRA SPEC. PGS.  |  |   | mi              | nus 100 =                     |                       | / 50 =                           | 1          | X \$ 125 =          |                        |    | X \$ 250 =                 | /                      |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | 6 "             | ninus 20 =                    | *                     | /                                | 1          | X \$ 25 =           |                        | OR | X \$ 50 =                  | /                      |  |
| INDE  | PENDENT CL                                     | AIMS  | Ĭ               | minus 3 =                     | * '                   |                                  | 11         | X \$ 100 =          |                        | OR | X \$ 200 =                 | /                      |  |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PR   | ESENT           |                               |                       |                                  | 11         | + \$ 180 =          |                        | OR | + \$ 360 =                 | /                      |  |
| * If  | the difference                                 | in column 1 is  | less than ze    | ro, enter "(                  | 0" in co              | lumn 2                           |            | TOTAL               |                        | OR | TOTAL                      | 900                    |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST |  |   |                 |                               |                       |                                  | <b>,</b> , | SMALL ENTITY        |                        | OR | OTHER THAN<br>SMALL ENTITY |                        |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                 | NUM<br>PREVI<br>PAID          | IBER<br>OUSLY         | PRESENT<br>EXTRA                 |            | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus           | **                            |                       | =                                |            | X \$ 25 =           |                        | OR | X \$ 50 =                  |                        |  |
|   | Independent                                    | *   | Minus           | ***                           |                       | =                                |            | X \$ 100 =          |                        | OR | X \$ 200 =                 |                        |  |
| _   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                 |                               |                       |                                  |            | + \$ 180 =          |                        | OR | + \$ 360 =                 |                        |  |
|   |  |   |                 |                               |                       |                                  |            | TOTAL ADDIT.<br>FFF |                        | OR | TOTAL ADDIT.<br>FFF        |                        |  |
|   |  | (Column 1)  |                 | (Colu                         | mn 2)                 | (Column 3)                       |            |                     |                        |    |                            |                        |  |
| ENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                 | HIGH<br>NUM<br>PREVIO<br>PAID | IEST<br>IBER<br>OUSLY | PRESENT<br>EXTRA                 |            | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
| NOME  | Total  | *   | Minus           | **                            |                       | =                                | <b>1</b> [ | X \$ 25 =           |                        | OR | X \$ 50 =                  |                        |  |
| AMENDM  | Independent                                    | *   | Minus           | ***                           |                       | =                                | ] [        | X \$ 100 =          |                        | OR | X \$ 200 =                 |                        |  |
|   | FIRST PRES                                     | SENTATION OF N  | IULTIPLE DE     | PENDENT                       | CLAIM                 |                                  | 1 [        | + \$ 180 =          |                        | OR | + \$ 360 =                 |                        |  |
|   | _  |   |                 |                               |                       |                                  |            | TOTAL ADDIT.<br>FFF |                        | OR | TOTAL ADDIT.<br>FFF        |                        |  |
| * **  | If the "Highest N                              | umn 1 is less than th<br>umber Previously Pa<br>umber Previously Pai<br>mber Previously Pai | id For" IN THIS | SPACE is les                  | s than '2             | 0', enter "20".<br>', enter "3". | nd in the  | appropriate bo      | c in column            | 1. |                            |                        |  |